

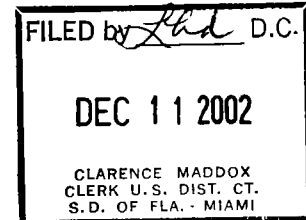
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

CASE NO. 00-6270-CR-GRAHAM

UNITED STATES OF AMERICA

v.

EDWARD HEXTER, et al.
_____ /



ORDER FOR DISMISSAL

Pursuant to Rule 48(a) of the Federal Rules of Criminal Procedure and by leave of court endorsed hereon the United States Attorney for the Southern District of Florida hereby dismisses the Indictment against EDWARD HEXTER, who is deceased. A copy of EDWARD HEXTER's death certificate is attached.

Respectfully submitted,

Date: 12-10-02

[Signature]
MARCOS DANIEL JIMENEZ
UNITED STATES ATTORNEY

Leave of Court is GRANTED for the filing of the foregoing dismissal this 10th day of December, 2002, at Miami, Florida.

Rec'd in MIA Dkt 12-13-02

[Signature]
DONALD L. GRAHAM
UNITED STATES DISTRICT JUDGE

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100

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH

FLORIDA

LOCAL FILE NO.		DECEASED'S NAME (Last, First, Middle)		SEX	
		EDWARD		MALE	
3. DATE OF DEATH (Month, Day, Year)		4. SOCIAL SECURITY NUMBER		5. AGE at Death (Years, Months, Days)	
OCTOBER 12, 2000		397-48-3771		53	
6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
DECEMBER 28, 1946		BELOIT, WISCONSIN		NO	
9. PLACE OF DEATH (Check only one; see instructions on other side)				9c. INSIDE CITY LIMITS? (Yes or No)	
HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)				YES	
9c. FACILITY NAME (If not institution, give street and number)		9d. CITY, TOWN, OR LOCATION OF DEATH		9e. COUNTY OF DEATH	
1041 MEADOWWOOD TERRACE		DAVIE		BROWARD	
10a. DECEDENT'S USUAL OCCUPATION		10b. KIND OF BUSINESS/INDUSTRY		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	
OWNER OPERATOR		RETIRED MORTGAGE		DIVORCED	
12. SURVIVING SPOUSE (If wife, give maiden name)		13a. CITY, TOWN, OR LOCATION		13b. STREET AND NUMBER	
		DAVIE		1041 MEADOWWOOD TERRACE	
14. INSIDE CITY LIMITS? (Yes or No)		15. WAS DECEDENT OF HISPANIC OR LATIN ORIGIN? (Specify No or Yes - If yes, specify race, e.g., Mexican, Puerto Rican, etc.)		16. PLACE - American Indian, Black, White, etc. (Specify)	
YES		No		WHITE	
17. DECEASED'S EDUCATION (Specify only highest grade completed)		18. DECEASED'S EDUCATION (Specify only highest grade completed)		19. DECEASED'S EDUCATION (Specify only highest grade completed)	
Elementary/Secondary College (10-12)		Elementary/Secondary College (10-12)		Elementary/Secondary College (10-12)	
17a. DECEASED'S NAME (Last, First, Middle, Maiden Surname)		17b. DECEASED'S NAME (Last, First, Middle, Maiden Surname)		17c. DECEASED'S NAME (Last, First, Middle, Maiden Surname)	
ROBERT HENDER		GRACE SHER		GRACE SHER	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
JUDY BUNCE		1041 MEADOWWOOD TERRACE DAVIE, FLORIDA 33325		1041 MEADOWWOOD TERRACE DAVIE, FLORIDA 33325	
20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c. LOCATION - City or Town, State	
Burial <input checked="" type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		ABCO CREMATORY		FT. LAUDERDALE, FLORIDA	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b. LICENSE NUMBER (of Licensee)		21c. NAME AND ADDRESS OF FACILITY	
		3351		ALL CARE FUNERAL HOME & CREMATORY 2267 SOUTH UNIVERSITY DRIVE FT. LAUDERDALE, FLORIDA 33305	
22a. DATE SIGNED (Mo., Day, Year)		22b. HOUR OF DEATH		22c. MEDICAL EXAMINER'S CASE #	
OCTOBER 12, 2000		7:50 P.M.			
22d. NAME OF ATTENDING PHYSICIAN (If other than certifier, type or print)		22e. NAME OF ATTENDING PHYSICIAN (If other than certifier, type or print)		22f. NAME OF ATTENDING PHYSICIAN (If other than certifier, type or print)	
DR. MAX R. DRECKHORN, M.D. 601 N. FLAMINGO ROAD #308 PINEHURST PINES, FLORIDA 33028		DR. MAX R. DRECKHORN, M.D. 601 N. FLAMINGO ROAD #308 PINEHURST PINES, FLORIDA 33028		DR. MAX R. DRECKHORN, M.D. 601 N. FLAMINGO ROAD #308 PINEHURST PINES, FLORIDA 33028	
25a. SUBREGISTRAR'S SIGNATURE AND DATE		25b. LOCAL REGISTRAR'S SIGNATURE		25c. DATE REGISTERED	
		C. Anttila		OCT 19 2000	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → Lung Carcinoma					
DUE TO (OR AS A CONSEQUENCE OF):					
DUE TO (OR AS A CONSEQUENCE OF):					
DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Enter non-immediate conditions contributing to death but not resulting in the underlying cause listed in Part I.					
27a. WAS AN AUTOPSY PERFORMED? (Yes or No)					
NO					
27b. WERE AUTOPSY FINDINGS CAUSAL TO COMPLETE CAUSE OF DEATH? (Yes or No)					
NO					
28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)					
YES					
29a. IF SURGERY MENTIONED IN PART I or II, ENTER LOCATION OF FACILITY WHERE IT WAS PERFORMED		29b. DATE OF SURGERY (Mo., Day, Year)		29c. DATE OF SURGERY (Mo., Day, Year)	
30. PROBABLE MANNER OF DEATH (Specify: Natural, accident, suicide, homicide, or undetermined)		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY	
31c. INJURY AT WORK? (Yes or No)		31d. DESCRIBE HOW INJURY OCCURRED		31e. DESCRIBE HOW INJURY OCCURRED	
32a. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32b. LOCATION (Street and Number or Rural Route Number, City or Town, State)		32c. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD OF DEATH IN THIS OFFICE.

DEC 10 2002

WARNING:

9837457

THIS DOCUMENT IS PRINTED ON PHOTOCOPIED SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

HEALTH

DOM FORM 1204A (2000)

CERTIFICATION OF VITAL RECORD

TOTAL P.02